

# Hospital Maternity Information: Beginning 2008

## DATA DICTIONARY

New York State Department of Health

Office of Public Health

Office of Quality and Patient Safety

Division of Information and Statistics

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Health Data NY



Field Name	Definition
Year	Year the data represents
Facility ID	Facility Identifier assigned by the Department
Hospital Name	Name of the facility
Hospital County	The county in which the facility is located
Measure ID	Unique ID for the measure name
Measure Name	Description of the maternity measure. [Please also refer to data definitions listed below]
Denominator	Denominator used for the measure (please see dominator classifications below)
Category	The measure category
Count	Aggregate number for each category
Percent	Percent for each category

## Short Name and Long Name Definitions

**Analgesia:** Medication is used to decrease the sensation of pain.

**Anesthesia:** A medication or other agent is used to cause a loss of feeling. For General Anesthesia, a gas or intravenous medication is used to make the mother unconscious during delivery. For:

- Spinal Anesthesia, a drug is injected into the lower spinal area to numb the vaginal region
- Epidural Anesthesia, a drug is given through a fine tube inserted in the mother's lower back to numb the vaginal area and lower abdomen.
- Paracervical Anesthesia, a drug is injected into the cervix (opening of the womb) to relieve the pain of labor.
- Pudendal block, a drug is injected into the vaginal wall shortly before delivery to relieve pain between the vagina and anus in case of an episiotomy or tear during delivery.

**Augmentation of Labor:** A drug is used to help labor contractions continue or become stronger.

**Birthing Room:** An in-hospital arrangement in which labor, birth and immediate recovery after birth all occur in the same room. In some hospitals, it may be called an "LDR" or "LDRP."

**Breech Birth:** A birth in which the infant's buttocks and/or feet enter the birth canal first.

**Cesarean section:** A surgical operation in which the baby is delivered through incisions (cuts) made in the mother's abdomen and uterus. A Primary Cesarean Section is the mother's first, even if she has given birth vaginally before. A Repeat Cesarean Section is when the mother has had one or more cesarean sections previously.

**Episiotomy:** An incision (cut) sometimes made to enlarge the vaginal opening.

**Fetal Monitoring:** Electronic recording of contractions and the baby's heartbeat. External Fetal Monitoring involves the use of small instruments held in place on the mother's abdomen by belts. Internal Fetal Monitoring involves inserting a small tube with a fine wire into the uterus and attaching the wire to the baby's scalp. Also, a soft tube may be placed alongside of the baby's head to measure contractions.

**Forceps Delivery:** Spoon-shaped instruments, called forceps, are used to help deliver the baby's head. In a Low Forceps Delivery, the instruments are not used until the baby's head has moved through the pelvis. In a Mid Forceps Delivery, the instruments are used before the baby's head has moved through the pelvis.

**Induction of Labor:** Labor can be induced in several ways, including by medication or by artificially rupturing the membranes.

**Infant Feeding from Birth to Hospital Discharge:** Based on live born infants, excluding infants who were admitted to the Neonatal Intensive Care Unit (NICU) or transferred to or from another hospital. This describes what the infant was fed between birth and discharge from the hospital (or day 5 of life for infants hospitalized more than 5 days).

- Fed Any Breast Milk: Includes both infants who were fed only breast milk (by any method--from the breast, bottle, cup or feeding tube) and infants who were given both breast milk and formula, sugar water, or other liquids.
- Fed Exclusively Breast Milk: Infants who were fed only breast milk (i.e., no formula or water) since birth.
- Breastfed Infants Supplemented with Formula: Among infants fed any breast milk, the percentage who were also fed (supplemented with) formula.

**Licensed Midwife:** A registered nurse who has had specialized midwifery training to care for women and babies during pregnancy, childbirth, and after birth.

**Rooming-In:** An arrangement in which the mother and infant are cared for in the same room for all or a substantial part of the day.

**Vaginal Birth After Cesarean Section (VBAC):** The mother has had a cesarean section previously, but delivers this baby vaginally.

### Denominators:

Most of the information is given in percentages. , The percentages were computed after records containing no information in a category were removed from the denominator. As an example, the number of cesarean births is divided by the number of total live births from which the number of records missing method of delivery and obstetric procedures was subtracted. This is then multiplied by 100. The specific mathematical equations to produce the corresponding percentages are listed below:

#### Cesarean births:

$$\frac{\text{Total number of Cesarean section births}}{\text{Total number of live births} - (\text{\# of Unknown method of delivery} + \text{\# of Unknown obstetric procedures})} \times 100$$

#### Vaginal births:

$$\frac{\text{Total number of Vaginal deliveries}}{\text{Total number of live births} - (\text{\# of Unknown method of delivery} + \text{\# of Unknown obstetric procedures})} \times 100$$

#### Births after Prior C-Section:

$$\frac{\text{Total number of births after Prior Cesarean section}}{\text{Total number of live births} - (\text{\# of Unknown method of delivery} + \text{\# of Unknown obstetric procedures})} \times 100$$

## Limitations of Use

New York State Public Health Law prohibits the release of identifiable birth data. Therefore, further stratification of the data is not permissible. The data presented here may not be the same as the Vital Statistics tables on the DOH public web site due to data updates. When interpreting the percentages for any maternity measure, caution should be used when trying to compare measures. Maternity measures are calculated from different denominators, making comparison among and between measures difficult. Only maternity measures where the denominator has been calculated in the same way can be compared.